

Statewide Wastewater Operator Training Center
State Department of Health
1350 Sand Island Parkway Bldg. 3A
Honolulu, Hawaii 96819
Phone (808) 832-5478 Fax (808) 832-3496

APPLICATION FOR CERTIFICATE OF ACHIEVEMENT

a:tc - certificate application.wpd TC 6 as of June 9, 2005

Section A - General Information - PLEASE PRINT:

First Name	Middle Initial	Last Name
Home Address		
City	State	Zip Code
Home Phone #	Email Address	
Work Phone #	Work Fax #	

Section B - Qualification for Certificate:

I have completed all the courses required for the (check appropriate certificate):

- ☐ Certificate in Basic Wastewater Plant Operations
☐ Certificate in Advanced Wastewater Plant Operations

Section C - Course Requirements (see attached Instruction Sheet):

- 106 Hazard Communication Program/Employee Right-to-Know Law and
114 Confined Space Entry - Permit
118 First Aid and CPR (American Red Cross provides Instructor & Materials)

Section D - Applicant Signature:

I certify that all information contained in this application is true and accurate to the best of my knowledge and belief. I also consent to allowing the Training Center to investigate and verify this application for the purposed of determining my qualification for the requested certificate.

Signature	Date
-----------	------

Section E - County Training Coordinator or Superintendent's Verification:

I _____ (print name) have reviewed and hereby certify that the applicant has completed the required Core of Safety Courses listed under Section C.

Signature	Date
-----------	------

Section F - Forward Application to:

Statewide Wastewater Operator Training Center
1350 Sand Island Parkway Bldg. 3A
Honolulu, Hawaii 96819

Office Use Only

Date Received: ____/____/____
Verification: _____
Status: _____